



Short Form Volunteer Application

Thank you for your interest in the Safe House for Women volunteer program.

Name: _____
 First Middle Last

Address: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Age: _____ Email Address: _____
 Mo/Day/Yr

Social Security Number: _____

Do you have any physical/medical limitations? (circle one) YES NO
If so, please explain: _____

Have you ever volunteered or been employed by the Safe House for Women? (circle one) YES NO

Have you ever been convicted of a crime in the last 7 years? (circle one) YES NO
If yes, please explain: _____

Do you have any prior or pending court cases? (circle one) YES NO
If yes, please explain: _____

Why are you interested in volunteering? (charity, community service, etc.) _____

Days/Hours Available:
Monday Time: _____ Thursday Time: _____
Tuesday Time: _____ Friday Time: _____
Wednesday Time: _____ Saturday Time: _____

Signature: _____ Date: _____

Please return to: Safe House for Women, 230 N. Spring, Cape Girardeau
Or mail to: Safe House for Women, P.O. Box 1167, Cape Girardeau, MO 63702